

LICENSE RENEWAL AFFIDAVIT FOR NURSING HOME ADMINISTRATORS

PLEASE PRINT CLEARLY IN INK OR TYPE

Please complete and return License Renewal Affidavit Form to NHAP address listed below.

NHA LICENSE NO.

☐ ACTIVE ☐ INACTIVE

LICENSE STATUS
\$25.00 FOR LICENSE STATUS CHANGE ONLY
LICENSE RENEWAL FEES
If application and payment are received by your license expiration date, the fee will be \$190.00 .
If application and payment received after the license expiration date, add an additional \$50.00 .
PLEASE NOTE
If your license has been expired for two (2) or more years, please contact the NHAP office at (916) 552-8780 or by electronic mail at NHAP@dhs.ca.gov for your renewal fee quote.

LAST NAME OF ADMINISTRATOR	FIRST NAME OF ADMINISTRATOR	MIDDLE NAME
ADDRESS	CITY	STATE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER*	ZIP CODE

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520, subdivision (d), the Department of Health Services (DHS) is required to collect social security numbers from all applicants for nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by DHS for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

CONTINUING EDUCATION

- ☐ I HAVE SUCCESSFULLY COMPLETED 40 HOURS OF CONTINUING EDUCATION DURING MY LAST LICENSE PERIOD AND WANT AN ACTIVE LICENSE.
- ☐ I HAVE NOT COMPLETED THE CE REQUIREMENTS AND WANT AN INACTIVE LICENSE*
(I understand that I cannot practice as a nursing home administrator in California with an inactive license)

CONVICTIONS

SINCE YOU LAST RENEWED YOUR LICENSE, HAVE YOU BEEN CONVICTED OF OR PLED NOLO CONTENDERE TO ANY VIOLATION OF ANY LAW OF ANY STATE, THE UNITED STATES OR A FOREIGN COUNTRY? YOU MUST DISCLOSE ALL MISDEMEANOR AND FELONY CONVICTIONS (INCLUDING BUT NOT LIMITED TO CIVIL, WELFARE, HEALTH AND SAFETY, VEHICLE OR PENAL CODE CONVICTIONS) AND ANY CONVICTION WHICH HAS BEEN DISMISSED (UNDER SECTION 1203.4 OF THE PENAL CODE.)

☐ YES ☐ NO

COMPLETE **ONLY** IF A CHANGE IN NAME OR ADDRESS HAS OCCURRED PRINT ANY CORRECTIONS BELOW
(Attach appropriate documentation verifying the change e.g., copy of driver's license, marriage license, passport, etc.)

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS	CITY	STATE
	ZIP CODE	TELEPHONE NUMBER

CERTIFICATION—IMPORTANT—PLEASE READ BEFORE SIGNING—If not signed, this application may be rejected.

I certify under penalty of the perjury laws of the State of California that the information I have entered on this application is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this license application by the Nursing Home Administrator Program (NHAP). I fully understand that NHAP may require additional documentation prior to approving and issuing a duplicate license.

APPLICANT'S SIGNATURE **	DATE SIGNED **
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FOR NHAP OFFICE USE ONLY

Check No. _____ Check Amount _____ NHAP Initials _____

Return this form to: NHAP, P.O. Box 997416, MS 3302, Sacramento, CA 95899-7416